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## BIB DATA SHEET

CONFIRMATION NO. 9486

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.                   |   |
|--|---|--|---|--|---|
| 10/530,840   | 04/08/2005<br>RULE  | 424  | 1626  | 21260YP                                  |   |
| <b>APPLICANTS</b><br>James B. Doherty, Montvale, NJ;<br>Meng-Hsin Chen, Westfield, NJ;<br>Luping Liu, Plainsboro, NJ;<br>Swaminathan R. Natarajan, Scotch Plains, NJ;<br>Dong Ming Shen, Edison, NJ;<br>Robert M. Tynebor, Woodbridge, NJ;   |   |  |   |  |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/34959 11/04/2003<br>which claims benefit of 60/424,790 11/08/2002<br>and claims benefit of 60/500,094 09/04/2003  |   |  |   |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |  |   |  |   |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>   |   |  |   |  |   |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /REBECCA L<br>ANDERSON/<br>Acknowledged <u>Examiner's Signature</u> | <input type="checkbox"/> Met after<br>Allowance<br><u>Initials</u>  | <b>STATE OR<br/>           COUNTRY</b><br>NJ | <b>SHEETS<br/>           DRAWINGS</b><br>0  | <b>TOTAL<br/>           CLAIMS</b><br>11 | <b>INDEPENDENT<br/>           CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>MERCK AND CO., INC<br>P O BOX 2000<br>RAHWAY, NJ 07065-0907<br>UNITED STATES   |   |  |   |  |   |
| <b>TITLE</b><br>Ophthalmic compositions for treating ocular hypertension   |   |  |   |  |   |
| <b>FILING FEE<br/>           RECEIVED</b><br>600   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |   |